

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/807425** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1									
2							51					
3							52					
4							53					
5							54					
6							55					
7							56					
8							57					
9							58					
10							59					
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39							88					
40							89					
41							90					
42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL							100					
TAL P.							TOTAL IND.					
TAL AIMS							TOTAL DEP.					
							TOTAL CLAIMS					

BEST AVAILABLE COPY